

MICHIGAN STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS
(MSA-AST)

Julia Jackson, CST, BAH

My name is Julia Jackson, I reside in the 51st district, and I am a certified surgical technologist. I am speaking on behalf of the Michigan State Assembly of the Association of Surgical Technologists (MSA-AST) in support of HB 5544.

AST is the professional organization for surgical technologists and the MSA is the state level organization for AST. AST and MSA seek to promote quality patient care by developing educational programs, promoting professional standards and credentials, providing a forum for the exchange of ideas, monitoring the changing health care environment, and fostering other opportunities for personal and professional growth of all surgical technologists and surgical assistants. The American College of Surgeons (ACS) sponsors AST. The ACS wrote a position statement in 2004 advocating education and certification of all surgical technologists, a copy is attached.

The surgical technologist is an allied health professional who possesses expertise in the theory and application of sterile and aseptic techniques, and who combines knowledge of human anatomy, microbiology, pathophysiology, psychology, ethics, communication, critical thinking, surgical procedures and the implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

A certified surgical technologist functions in the traditional role called "first scrub". A CST is a "scrubbed" or "sterile" member of the surgical team and works directly with the surgeon throughout the surgical procedure.

The foundations of surgical technology and the cognitive process used by surgical technologists must be firmly grounded in the sciences and critical thinking. The CST serves the patient's interest primarily by providing assistance to the surgeon. The CST's primary task during an operative procedure is to predict, or anticipate, the intraoperative needs of the surgeon and the surgical patient. To accomplish this task, the CST must learn to "think like the surgeon" intraoperatively. The CST contributes to global patient care by serving as a team member who monitors the surgical environment along with the other team members. CST's monitor the sterile field and diligently work to avoid contaminations and errors that could harm the patient.

Surgical technology graduates are prepared in both the didactic and clinical aspects of the Core Curriculum for Surgical Technology and are educated to work specifically in the operating room. Each student completes a rigorous didactic curriculum and a clinical externship consisting of approximately 500-600 hours in the scrub role. Michigan is a

MICHIGAN STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS
(MSA-AST)

Julia Jackson, CST, BAH

leader in surgical technology education, and is one of the states with the highest percentage of associate degree level programs in the country.

Credentialing of surgical technologists is crucial to providing and maintaining quality patient care in the operating room. Validation of education and competency of the role of the CST is only accomplished through professional credentialing (certification), after graduation from an accredited program.

Employing individuals as surgical technologists that have not been formally educated and have not demonstrated competency to function in the scrub role is a direct threat to safe patient care. Moreover, these individuals possess a tremendous risk management liability to the hospital and surgical team due to a lack of understanding of the principles of asepsis, perioperative phases of surgical patient care, surgical procedures, operative protocols, safe handling of sharps and biohazards, anatomy and pathophysiology, microbiology, biomedical sciences, ethical decision making, specimen handling, and medications on the field.

The absence of a foundation in any of these areas poses a threat to the patient and can compromise a positive surgical outcome. Wrong site surgery, medication errors, retained instruments or sponges because of improper counting, patient injury, and specimen handling errors, and surgical site infections can all result from an unqualified surgical technologist performing inadequately in the scrub role.

The basic steps of the cognitive process for the CST are as follows:

- Possess a mental image of normal anatomy
- Makes a mental comparison of the idealized anatomy with the actual anatomy of a specific patient
- Knows an idealized operative procedure used to correct a certain pathological condition.
- Makes a mental comparison of the idealized procedure with the actual procedure being performed
- Allows for a particular surgeon's variations to the idealized procedure
- Allows for variances in anatomy, pathology, and surgeons' responses to the variances
- Predicts and prepares to meet the needs of the surgeon and surgical patient prior to the need being verbalized

HEALTH POLICY COMMITTEE TESTIMONY IN SUPPORT OF HB5544
1/31/06 10:30AM

MICHIGAN STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS
(MSA-AST)

Julia Jackson, CST, BAH

Surgery is a critical aspect of patient care and a small mistake can leave a patient permanently disabled, or even dead. Invasive procedures are dangerous, and to allow untrained and uncredentialed individuals to function as a part of the surgical team is a risk that the public would not be willing to accept if they were informed in advance of the surgery.

Do the hospitals and all healthcare team members have a duty to provide the best possible patient care? Yes, we do. Patient care means keeping the patient safe; "to do no harm" is an ethical principle that medicine follows without fail. Assuring that surgical technologists are properly educated and credentialed to perform their respective roles is a duty that cannot be overlooked. The messages within mission and vision statements in health care organizations, including JCAHO and hospital associations speak to patient safety, education, competent health care employees, and overall quality patient care.

I feel privileged to work in health care, and to be a part of a surgical team that can help improve the quality of life for a patient. There is no better feeling than that of helping another.

When it is my four-year-old daughter on the operating room table, I want to know that she is not at risk of injury or death because of an avoidable error committed by an inadequately prepared surgical technologist. Are you willing to take the chance with your loved ones?

In summary, I urge you to vote in support of this important legislative effort to increase quality of care and to protect the surgical patient. Every patient has the right to certified surgical technologists on the surgical team. I would also like to invite the entire committee to take a tour of the Sparrow Hospital Operating Room on a mutually agreed upon date in the near future. Dr. Jeff Gauvin, a Sparrow general surgeon and assistant professor of surgery at MSU and a staff certified surgical technologist will accompany you on this tour. Attached is a list of those unable to attend but wish to go on record in support of HB5544. Thank you for your time.

Respectfully,

Julia A Jackson, CST, BAH
MSA-AST Government Affairs Committee

MICHIGAN STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS
(MSA-AST)

HEALTH POLICY COMMITTEE TESTIMONY IN SUPPORT OF HB5544

1/31/06 10:30AM

Julia Jackson, CST, BAH

Jeff Gauvin, MD., Assistant Professor of Surgery, MSU, Attending Physician,
Sparrow Hospital

Genesys Regional Medical Center Nursing Services

Pam Cislo, RN, MSN

Laurie Hawkins, RN, MSN

Karen Ferrara RN, MSN

Alice Buck, RN, BSN, CNOR

McLaren Regional Medical Center Operating Rooms and Education

Diana Koviak, RN, BA

JoNeil Smith, RN, BSN, MBA

Barb Delay, RN

Sparrow Hospital Operating Room Education (opposed to waiver process,
but supports education and certification)

Lynn Raynor, RN Clinical Education

Lapeer Regional Medical Center Operating Room Education

Kay Lietz, RN, Charge Nurse, Operating Room

Marilyn Freeman, RN, Clinical Educator Lapeer Regional Medical
Center

Phyllis Sano, RN, MSN, Former Director Hurley Operating Room

Candace Johnson, RN, MPA, Former Director Hurley Labor and Delivery



Statements of the College

[Home Page](#)[Members Only](#)[Table of Contents](#)[Search This Site](#)[Contact Us](#)[Site Index](#)

[ST-47] Statement on surgical technology training and certification

[by the American College of Surgeons]

The following statement was developed by the College's Committee on Perioperative Care, and approved by the Board of Regents at its June 2004 meeting.

Surgical technologists are individuals with specialized education who function as members of the surgical team in the role of scrub, circulator, or as assistant personnel to perioperative registered nurses. With additional education and training, some surgical technologists function in the role of surgical first assistant.

There are more than 350 surgical technology programs that are accredited by the Accreditation Review Committee for Educational Programs in Surgical Technology—a collaborative effort of the Association of Surgical Technologists, the American College of Surgeons, and the American Hospital Association, under the auspices of the American Medical Association's Committee on Allied Health Education and Accreditation. Accredited programs provide both didactic education and supervised clinical experience based on a core curriculum for surgical technology.

Most programs require a high school diploma as a minimal entrance requirement. Accredited programs may be offered in community and junior colleges, vocational and technical schools, the military, universities, and structured hospital programs in surgical technology. The accredited programs vary from nine to 15 months for a diploma or certificate to two years for an associate degree.

Graduates of accredited surgical technology programs are eligible for certification by the Liaison Council on Certification for Surgical Technology, an administratively independent body from the Association of Surgical Technologists consisting of representative certified surgical technologists, a surgeon, a registered nurse, and the public.

The American College of Surgeons strongly supports adequate education and training of all surgical technologists, supports the accreditation of all surgical technology educational programs, and encourages examination for certification of all graduates of accredited surgical technology educational programs.


Reprinted from Bulletin of the American College of Surgeons
Vol.89, No. 9, September 2004

Statements

This page and all contents are Copyright © 2004
by the American College of Surgeons, Chicago, IL 60611-3211

Mission Statement


The mission of MSA-AST is to enhance high quality patient care by advocating and providing opportunities for educational and professional development.



Your MSA Board is working hard for you! Email suggestions to your MSA Board Members.

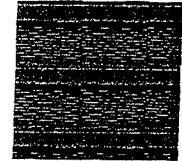
Vision Statement:

MSA-AST was established to represent, support and unite all surgical technologists in the state of Michigan in their common goals and purposes and the activities derived there from.



Please take a minute and sign the MSA-AST Guestbook.

Michigan State Assembly of the Association of Surgical Technologists



Code of Ethics Position Statement

Michigan Surgical Technologists strive to ensure:

Proficiency

- Maintains personal accountability for professional conduct
- Participates in professional continuing educational workshops
- Adheres to the AST's *Written Standards of Practice*
- Complies with institutional policies and procedures regarding competency
- Remains current and educated on new products and procedures affecting job performance
- Continually follows the highest standards of aseptic technique

Responsibility to Patients

- Provides quality care to all patients regardless of race, religion, sex, age, disability, social or economic status, gender orientation, and care decisions
- Maintains patient confidentiality, modesty and privacy in all aspects of care

- Protects and upholds the patient's legal and moral rights to quality patient care
- Protects the patient from harm and injustice
- Addresses to the proper channel any deficiencies in patient care or safety

Professional Accountability

- Adheres to AST, JCAHO, OSHA, and ASPAN and other national, state, local institutional or agency policies, procedures, and standards
- Provides the highest level of care regardless of physical setting (i.e. outpatient, inpatient, emergency, endoscopy, obstetrics surgical units)
- Advocates the certification of all surgical technologists
- Agrees to mentor and foster the education and training of new surgical technologists
- Pursues the practice of surgical technology with pride and excellence
- Reports any unethical practice to the proper chain of command
- Is aware of the changing role of the surgical technologist

Description

The Surgical Technologist is an allied health professional who possesses expertise in the theory and application of sterile and aseptic techniques and who combines knowledge of human anatomy, surgical procedures, and the implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.*

The Purposes of Michigan State Assembly are the following:

- A.** To study, discuss, and exchange professional knowledge, expertise, and ideas in the field of surgical technology.
- B.** To promote a high standard of surgical technology performance for quality patient care.
- C.** To stimulate interest in continuing education for surgical

technologists.

- D. To encourage employment of certified surgical technologists through cooperative efforts with other professional health care organizations and individuals.
- E. To promote and maintain communication and cooperative relationships with other professional health care organizations.
- F. To explore and encourage the diversified roles of the certified surgical technologist. **

**Adapted from MSA Bylaws Article IV
Membership, Section 1. Definition.*

***Adapted from MSA Bylaws Article II:
Purposes, Section 1.*

*Michigan State Assembly
of the
Association of Surgical Technologists*

Aeger Primo

The Patient First

Enhancing the Profession to ensure
quality patient care

MSA-AST © 2002

Michigan Health & Hospital Association

(/login/mha)

About MHA

Mission of the MHA

Mission

We advocate for hospitals and the patients they serve.

Vision

We are committed to becoming the most effective health care advocate in Michigan. In that role, we will promote better health within our communities; improve the quality of patient care; and improve coverage for high-quality, affordable health care services for all Michigani-ans.

Objectives

- To advocate for hospitals and the patients they serve;
- To encourage professional education and scientific research regarding health care and the management of health care systems;
- To influence the development of integrated health systems;
- To assist the association's membership as it redefines the health care delivery system;
- To positively influence the development of health policy;
- To monitor the health care reform process from the perspective of the association's membership, and to influence legislation and public policy so as to reflect the views of the membership;
- To manage the affairs of the association with an openness that encourages membership input and assures that the resources of the association are responsibly utilized;
- To cooperate with other organizations with purposes similar to those of the association; and
- To take all actions permitted to be taken by a nonprofit corporation to achieve the foregoing purposes.

MHA Policy Brief

October 2005

Topic: Surgical Technologists and Surgical First Assistants – House Bill 4403 (H-2)

Relevance to MHA HB 4403, introduced by Rep. Howard Walker (R-Traverse City), would codify delegation of certain tasks involving the use of surgical instrumentation to unlicensed individuals who have been trained in surgical technology and surgical first assisting. Currently, the delegation of operating room tasks to an unlicensed person is a potential violation of the Michigan Public Health Code, even though surgeons have incorporated surgical technologists and surgical first assistants into the surgical team for decades.

Membership:

Background: This bill would allow a physician to delegate tasks involving the use of surgical instrumentation to an individual who is a specifically authorized surgical technologist or surgical first assistant when that physician is present during the procedure and provides direct supervision.

Currently, a physician may delegate tasks involving the use of surgical instrumentation only to a person licensed under the health code. This would include nurses and physicians' assistants. Exceptions are included for unlicensed individuals such as medical students and students studying to be a physician assistant – but only if the physician provides direct supervision and is physically present during the procedure. The bill would include surgical first assistants and surgical technologists within this exception.

The Michigan Public Health Code currently states that, under a physician's delegation a surgical first assistant may position the patient, apply wound dressings and maintain hemostasis, among other duties. The code allows surgical technicians to prepare the operating room by setting up surgical instruments, sterile drapes, and sterile solutions. During surgery, surgical technicians and first assistants may pass instruments and sterile supplies, hold retractors, cut sutures, and help count supplies and instruments to assure patient safety. They also help prepare or dispose of specimens and may operate sterilizers, lights, suction machines or diagnostic equipment.

It is believed that use of trained and qualified surgical technologists and first assistants may lower health care costs, as they can provide quality services for less than registered nurses or other licensed health care professionals. However, the opportunity for savings may be moderated by the necessity for the licensed physician who delegates the task to directly supervise the performance of the task. It is also believed that passage of the bill would assist in ensuring that surgical services can be provided in areas with shortages of certain licensed health care professionals.

For the delegation of responsibility to meet the new proposed requirements, an allopathic or osteopathic surgeon must be physically present during the procedure. The bill also requires that the health facility or agency specifically authorize performance of the act, task or function by a surgical technologist or surgical first assistant who meets the qualifications for those positions as established by the employing or contracting health facility or agency.

The bill does not mandate new or additional third - party reimbursement or mandated worker's compensation benefits for services rendered by an individual authorized to perform certain delegated tasks or functions.

At this meeting: The Legislative Policy Panel will be given an update on House Bill 4403.

Staff Contact: David Finkbeiner, Advocacy



2001 Newmarket Pkwy., Suite 100

Marietta, GA 30067

www.rtdonorservices.com

Tel: 678-279-4002

Fax: 770-974-0377

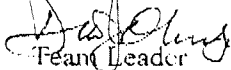
toll free: 800-541-3460

January 30, 2006

RTI Donor Services southeast division is a tissue recovery agency in Marietta, GA. We recovery tissues for transplant and research including bone, skin, hearts for valves and vein. Our recoveries are done in hospitals, funeral homes and medical examiners offices. Tissue for transplant has to be recovered sterilely so it is imperative that the recovery staff be well versed on sterile technique. Due to the various locations that we perform recoveries in staff must also have extensive enough knowledge of sterile technique to be able to apply it in environments outside of the OR. Feel free to contact me with any other questions 678-279-4002.

Regards,

Dia Johnson



Team Leader

RTI Donor Services

[by the American College of Surgeons]

The following statement was developed by the College's Committee on Perioperative Care, and approved by the Board of Regents at its June 2004 meeting.

Surgical technologists are individuals with specialized education who function as members of the surgical team in the role of scrub, circulator, or as assistant personnel to perioperative registered nurses. With additional education and training, some surgical technologists function in the role of surgical first assistant.

There are more than 350 surgical technology programs that are accredited by the Accreditation Review Committee for Educational Programs in Surgical Technology-a collaborative effort of the Association of Surgical Technologists, the American College of Surgeons, and the American Hospital Association, under the auspices of the American Medical Association's Committee on Allied Health Education and Accreditation. Accredited programs provide both didactic education and supervised clinical experience based on a core curriculum for surgical technology.

Most programs require a high school diploma as a minimal entrance requirement. Accredited programs may be offered in community and junior colleges, vocational and technical schools, the military, universities, and structured hospital programs in surgical technology. The accredited programs vary from nine to 15 months for a diploma or certificate to two years for an associate degree.

Graduates of accredited surgical technology programs are eligible for certification by the Liaison Council on Certification for Surgical

Technology, an administratively independent body from the Association of Surgical Technologists consisting of representative certified surgical technologists, a surgeon, a registered nurse, and the public.

The American College of Surgeons strongly supports adequate education and training of all surgical technologists, supports the accreditation of all surgical technology educational programs, and encourages examination for certification of all graduates of accredited surgical technology educational programs.